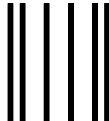


From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HCA 25-140 (5/02)



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 940 OLYMPIA WA

POSTAGE WILL BE PAID BY ADDRESSEE

WASHINGTON BASIC HEALTH  
PO BOX 42683  
OLYMPIA WA 98599-2683



## *What is Basic Health?*

Basic Health provides low-cost medical coverage to low-income Washington residents through private health plans.

If you or your family will be losing medical coverage on October 1, it is important to find other medical coverage to help pay for your health care. Basic Health can help!

## *Want to find out more about Basic Health?*

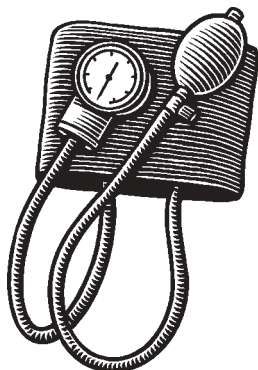
An application packet will be mailed to you soon. If you fill in this card and mail it to Basic Health, we may share your name with a community group that can help you apply.

Si desea ayuda en español, llame al 1-800-321-0291.

한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오.

Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224.

Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.





Basic Health™

P.O. Box 42683

Olympia, WA 98504-2683

HCA 25-140 (5/02)

FIRST CLASS  
US POSTAGE  
PAID  
WASHINGTON STATE  
DEPT OF PRINTING

**IMPORTANT  
NOTICE!**

*You recently received information  
about losing your medical  
coverage. Fill out this card if  
you're interested in Basic Health.*

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

What is the name of the clinic or hospital where your family gets health care?

\_\_\_\_\_

We may share this information with a community group to assist you with enrollment.

Signature: \_\_\_\_\_

*Please fold this card in half with Basic Health's address shown on the outside,  
and tape together. Mail this card to Basic Health.*